

Missouri Department of Health and Senior Services WIC Vendor Training Registration

Stamp or Write Store's 4 digit WIC
Vendor Number in the space to the
right (*if available*)

Store Name: _____

Training session:

Location: _____

Date: _____

Time: _____

Name(s) of person(s) attending:
(Please type or print)

1. _____ Title _____

2. _____ Title _____

Confirmation of registration will be provided by
Bridgett Henderson, WIC Vendor Agreement & Training

Training will be held at:
Missouri Department of Health and Senior Services
930 Wildwood Drive
Jefferson City, MO